

Consultation Document



Modernisation of Stroke Services in SHSCT

Consultation from 12th June 2014 until Friday 31st October 2014



**Southern Health
and Social Care Trust**

EXECUTIVE SUMMARY

Although Stroke may affect any age group, it is much more common in older people. In the Southern Trust area we have had and will have in the future, a larger growth in the numbers of older people than the regional average. That's one of the reasons why it is so important that our Stroke services are of the highest possible quality.

Stroke can have a devastating effect on people's lives affecting their ability to mobilise, carry out simple tasks such as making a cup of tea, their ability to eat or speak, and can have a huge impact on their ability to live independently. We want to improve the quality of care delivered to everyone who has a Stroke regardless of age and type of Stroke, ensuring that our community and hospital based staff work together as an integrated team to deliver the best possible care and treatment for Stroke patients. In doing so we want to reduce the longer term impact of Stroke and improve outcomes for patients.

Despite significant investment in recent years across our hospital and community based stroke services we know that we can do better. Clinical evidence shows that patients are 25% more likely to survive or recover from a stroke if treated in a specialist centre. One of the key reasons for this is the ability to provide a consistent and specialist service 24 hours a day, seven days a week in one centre rather than spreading specialist teams of staff across sites. We are currently trying to provide stroke care across 4 sites.

The Sentinel Stroke National Audit Programme (SSNAP) allows us to audit our current practice against national guidelines for stroke care including where we are in providing recommended staffing levels to allow early assessment, observation and early Stroke Rehabilitation input. Staff providing care in our current stroke units work incredibly hard to provide high quality services but the SSNAP audit shows that we could improve. We believe that creating a specialist stroke unit is the best option to help us comply with these audit guidelines and give patients the best outcomes possible.

We want to develop a single Specialist Stroke unit for the Southern Trust population based at Craigavon Area Hospital. Patients deserve services

that deliver the same quality of care 7 days a week, not just Monday to Friday, and the creation of this specialist unit will allow us to work towards achieving this and give stroke patients the vital specialist input required to give them the very best chance of recovery. We will continue to provide ongoing rehabilitation and support through community stroke and early supported discharge teams in the patients' own locality.

Our Vision is to:

Provide the best care possible through a service that meets quality standards, is available every day of the week, and gives patients the chance to recover faster and more fully

This proposal is about raising the standard of care available to stroke patients and their families. It provides opportunities for improved standards of care and the potential for improved recovery. We realise it means travelling further for some people, but we believe the benefits in quality of care and outcomes for patients are worth it.

1.0 INTRODUCTION

The Trust wants to deliver the best outcomes for patients who experience a stroke by providing services that reflect the best evidence for stroke care. Our priority is to provide the best care possible through a service that meets quality standards, is available every day of the week, and gives patients the chance to recover faster and more fully. This consultation paper explains the changes that we propose to seek to achieve this vision in our area including:

- Our current services in both hospital and the community
- The latest medical evidence for stroke care and why this means change for our current services
- What the proposed future service model is
- What will be better after the change

The purpose of this consultation paper is to give you, the public and service users, the opportunity to:

- understand how we want to improve this service, and
- make any comments or raise any questions that you might have about the change we outline below.

In Appendix 1 you will find a consultation questionnaire which has been developed to help you provide a response to the Trust on this document. The timeline for responses is 20 weeks commencing Thursday 12th June 2014 ending Friday 31st October 2014.

All enquiries regarding this document should be directed to:

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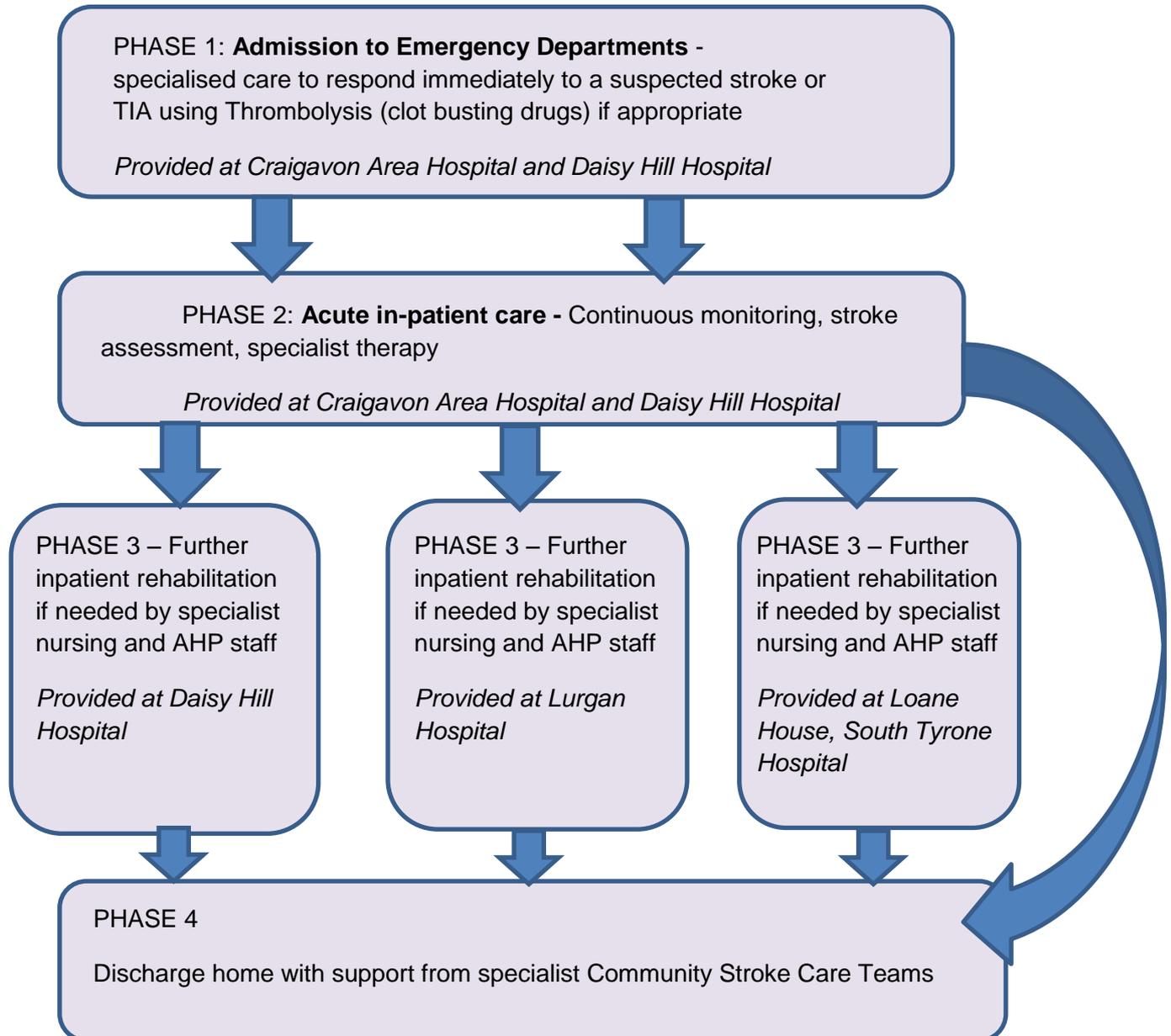
Alternative Formats

This document can be made available on request in alternative formats e.g. easy-read, electronic version, Braille, computer disc, audiocassette, large font, DAISY, and in other languages to meet the needs of those not fluent in English.

2.0 HOW ARE SERVICES CURRENTLY PROVIDED?

The Southern Trust currently provides inpatient stroke services across four hospital sites - Craigavon Area Hospital, Daisy Hill Hospital, Lurgan Hospital and Loane House at South Tyrone Hospital.

Patients who suffer a stroke will currently follow this treatment path:



2.1 Recent Investment in Southern Trust Stroke Services

Our services have already changed over recent years through significant investment of over £1.5m across Hospital and Community based Stroke services. This investment has enabled:

- the provision of an additional Stroke Consultant and associated support staff,
- the appointment of Specialty Doctors,
- support from NI Chest Heart and Stroke Association to provide a range of community based support programmes,
- the establishment of protected sessions for the Stroke TIA (Transient Ischaemic Attack) service, and
- the establishment of three community Stroke teams to cover the entire Southern Trust area.

These investments have given patients the opportunity to be seen quickly at a specialised clinic (i.e. for TIA) and to be discharged home from hospital earlier.

The sections below give you some more information about each of these services.

2.2 Acute In-patient Stroke Services

The Trust provides some specialised services for people presenting at the Emergency Department with a Stroke, these recent advancements include the TIA Service and Thrombolysis.

TIA Service

- a Transient Ischaemic Attack or 'mini-stroke' is often seen as a warning sign of a possible stroke.
- TIA clinic at Craigavon Area Hospital Monday to Friday, assessment for high risk patients within 24 hours, including MRI and carotid imaging. Out of hours at Craigavon Area Hospital and Daisy Hill Hospital Emergency Departments.

Thrombolysis

- For some strokes a 'clot busting' drug is available to reduce the damage to the brain
- Administered through an injection. The Trust is required to ensure a 'door to needle time of 60 minutes' including CT scan being undertaken.
- Provided at Craigavon Area Hospital and Daisy Hill Hospital.

The number of people admitted to Craigavon Area and Daisy Hill Hospitals with a confirmed stroke diagnosis was 567 in 2012/13 and 609 in 2013/14. Admissions to Daisy Hill Hospital are approximately 32% of these total admissions in any year. The average length of stay in these hospitals does compare well to national levels but there are opportunities to improve input from specialist staff across the 7 day period that would potentially allow some patients to return home sooner. Key elements of the Acute In-patient Stroke Care stage include:

- Continuous physiological monitoring
- Stroke assessment and management
- Swallow assessment
- Access to immediate brain imaging
- Access to specialist therapy staff including clinical psychology, dietetics, occupational therapy, physiotherapy, speech and language therapy, pharmacy
- Access to social work expertise, orthoptics, orthotics and podiatry
- Provision of education and training.

2.3 Hospital Rehabilitation Services

Patients who need ongoing inpatient rehabilitation after completion of their acute diagnosis and treatment are currently cared for at Lurgan Hospital and South Tyrone Hospital. Stroke Rehabilitation care is also provided at Daisy Hill Hospital.

The number of people admitted to Lurgan Hospital and Loane House for stroke rehabilitation was 128 in 2012/13 and 166 in 2013/14. The average length of stay in these hospitals is significantly higher when compared with national levels indicating substantial opportunities to improve input from specialist staff across the 7 day period and enable some patients to return home sooner, with better outcomes.

2.4 Community Stroke Service

Since April 2011, the Trust has been providing a specialised stroke service following discharge from hospital. To date, over 1,000 patients have benefitted from this service.

Following discharge from hospital, patients who have had a stroke receive support from specialist nurses, physiotherapists, occupational therapists, speech and language therapists and rehabilitation support

workers. Patients undergo a holistic assessment and set individual goals in partnership with the team and their needs are continuously assessed to ensure they are getting the right care at the right time.

The Community Stroke team allows patients to be discharged from hospital and promotes independence by enabling them to manage their condition effectively in their own homes. Development of an early supported discharge stroke model would further reduce the length of the hospital stay for a number of patients and improve their long-term outcomes.

The service has built strong links with community and voluntary sectors and patients are signposted to these services to allow continued recovery and support.

The Community Stroke service is provided across the Southern Trust on Monday to Friday 9am-5pm basis.

3.0 WHY IS THERE A NEED FOR CHANGE?

This section summarises the main issues driving us to propose changes to our current Stroke services.

3.1 Delivering the Best Quality of Care - the Evidence

‘Specialist’ Stroke Unit

There is a wide range of evidence, including regional and national strategies and service changes delivered in other places such as London, that conclude that delivering early treatment and rapid access to specialist stroke care are key to improving survival and recovery rates after a stroke. This evidence includes the Northern Ireland Stroke Strategy; NICE guidelines; Royal College of Physicians National Clinical Guidelines and local commissioning specifications.

To deliver high quality care it is recommended that after coming to the Emergency Department for assessment/treatment, all stroke patients should have access to specialist acute stroke units to provide intensive treatment and care in the immediate period after having a stroke and the days that follow. Patients also need access to services that support their rehabilitation after being in hospital. These services are best provided close to people’s homes to help people recover as quickly as possible.

Evidence shows that concentrating expertise in dedicated specialist centres with bigger teams of expert clinicians and professionals leads to higher quality care and better results by reducing mortality and disability levels following a stroke. The Stroke Unit should be the ward of first admission with the beds in this unit protected from other pressures. Stroke units need appropriate nursing and AHP staffing levels to allow them to provide early assessment, observation, monitoring swallow screening and early activation of Stroke Rehabilitation. Ultimately this model can save lives and give patients the best chance of recovery by treating them in a place with a range of specialists working together in a dedicated team offering the best support possible. These staff will see greater numbers of patients and therefore improve their skills and expertise.

Sentinel Stroke National Audit Programme (SSNAP)

The Sentinel Stroke National Audit Programme (SSNAP) is a programme of work which aims to improve the quality of Stroke Care by auditing Stroke Services against evidence based standards. The SSNAP Organisation Audit Report indicates the expected levels of care to be provided to Stroke patients. The SSNAP Audit Reports determine how well the Southern Trust currently achieves the standards including:

- Stroke/Neurology specialist Early Supported Discharge multidisciplinary team.
- Access to physiotherapist, occupational therapist and speech and language therapist (Allied Health Professionals) input.
- Ratio of Qualified Nursing staff on duty.

The SSNAP Audit Reports indicate that the Southern Trust needs to change where and how we use our specialist stroke staff in order to better meet SSNAP Audit Guidelines and ensure stroke patients receive the highest quality medical care in hospital when they need it. One of the key issues for how we currently achieve these recommendations is our ability to provide a consistent and specialist service 24 hours a day, seven days a week in one centre rather than spreading our specialist teams of staff across 4 sites. To maximise the level of Nursing and Allied Health Professional input for Stroke patients and to achieve the standards set by SSNAP, we need to consolidate and focus these skills and promote more integrated working across Acute and Rehabilitation Stroke teams. Patients deserve services that deliver the same quality of care 7 days a week, not just Monday to Friday, and the creation of this specialist unit will allow us to achieve this and give stroke patients the vital specialist input required to give them the very best chance of recovery.

Access to Diagnostics

Two common methods used for brain imaging in stroke care are a Computer Tomography (CT) scan and a Magnetic Resonance Imaging (MRI) scan. The type of scan you may have in hospital depends on your symptoms.

If it is suspected you have had a major Stroke, a CT scan is sufficient to identify whether the stroke is due to bleeding or clotting. It is more accessible than an MRI scan and improves the chances of rapidly delivering treatments such as clot-busting drugs (thrombolysis). These

drugs are only appropriate for some types of stroke and must be given within a time-limited period with the results of the scan required before the treatment can be given safely.

For people with more complex symptoms, where the extent or location of the damage is unknown, and in patients who have recovered from a TIA, an MRI scan is more appropriate. This will provide greater detail of brain tissue, allowing smaller or more unusually located strokes to be identified.

After this initial emergency assessment and treatment stage, the Trust considers that, in line with best practice, MRI scanning will become the diagnostic examination of choice for Stroke patients. It is therefore essential that a specialised stroke unit has access to MRI facilities.

3.2 Our changing population and making best use of our specialist resources

Stroke is a medical emergency and is one of the most common causes of mortality. Each year in Northern Ireland there are approximately 3,000 people admitted to hospital with stroke.

People of any age can have a stroke, but it is more common in older people. Across the Southern Trust area there is an expected increase of 33% of people over the age of 65 between 2011 and 2021, this will include an increase of 3,521 people over the age of 85 in the next 10 years (*Information Source: NINNIS Population Projections by LGD 2008-2023*).

Many strokes are preventable, particularly by lowering blood pressure and reducing risks by stopping smoking, healthy eating, drinking alcohol sensibly, exercising more and getting regular blood pressure checks. While we will continue to support this prevention focus, the significant change in our local population is one of the reasons why it is so important that our stroke services are of the highest possible quality.

We must be able to respond to this increasing need by avoiding duplication and making best use of the specialist resources and skills of all staff involved in stroke care. We believe that delivering inpatient stroke care by a specialist stroke team at one main hospital will enable the full medical, nursing and allied health professional team to have more time with patients and access diagnostic and therapy resources more efficiently.

3.3 Supporting Strategic Direction

Transforming Your Care (TYC) was published in December 2011 following a review of health and social care in Northern Ireland. The review was to provide a strategic assessment across all aspects of health and social care services, examining the present quality and accessibility of services, and the extent to which the needs of patients, clients, carers and communities are being met. A key focus of TYC is to safely reduce the length of time people need to stay in hospital and enable more people to be cared for in their own home.

The Southern Local Commissioning Group has identified what TYC means for local people through their 2014/15 commissioning plans. These plans include as a priority the need to re-configure inpatient stroke services and the development of further local community services to support rehabilitation and early discharge.

The Trust proposals for modernising stroke inpatient services alongside enhancement of community stroke rehabilitation services would enable patients requiring hospital based rehabilitation care to be discharged earlier supporting the 'shift-left' agenda under Transforming Your Care and responding to these commissioning requirements.

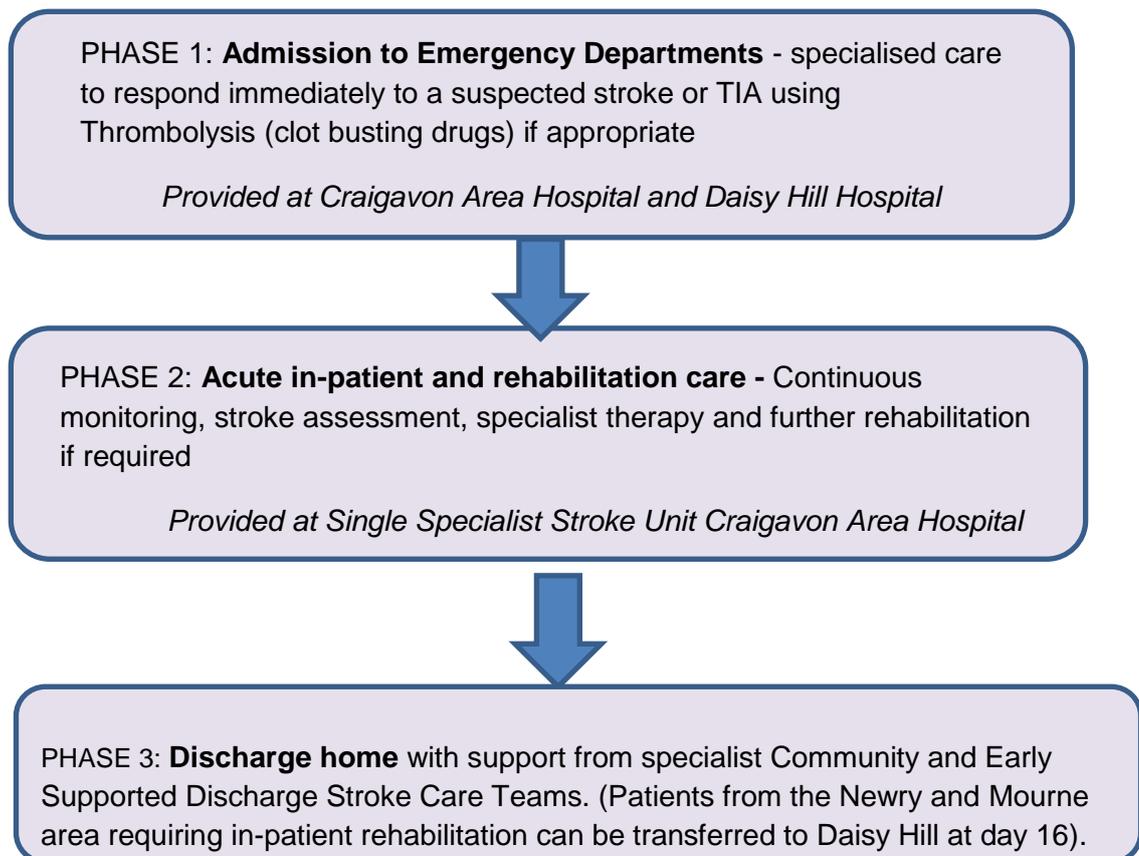
4.0 WHAT IS OUR PROPOSED SERVICE MODEL FOR STROKE CARE?

4.1 Overview

The Trust wants to deliver the best outcomes for patients who experience a stroke by providing services that reflect the evidence for stroke care. Our priority is to provide the best care possible through a service that meets quality standards, is available every day of the week, and gives patients the chance to recover faster and more fully. In line with the latest medical evidence and assessment against SSNAP audit standards we are proposing:

To consult on the creation of a single Specialist Stroke Unit at Craigavon Area Hospital.

The proposed pathway for care in the future would be:



The Trust wants to ensure that any re-configured hospital based Stroke service is accessible for patients and their families. Patients who have suffered a stroke will always get immediate diagnosis and emergency treatment, including thrombolysis at both of our Emergency Departments in Daisy Hill Hospital and Craigavon Area Hospital. This will ensure we can continue to achieve a 'door to needle' time of 60 minutes for thrombolysis. Patients will then receive specialist Acute and Rehabilitation Stroke Care in the new dedicated unit on the Craigavon Area Hospital site.

The Trust has been providing an out of hours stroke thrombolysis rota using telemedicine for more than two years. The common on-call rota means that patients are assessed by a consultant trained in stroke assessment and thrombolysis in both acute hospital emergency departments. This allows senior decision making. The Trust was the first in Northern Ireland to adopt telemedicine - a technology that allows direct patient assessment, conversation and guided decision making and if indicated clot busting drug delivery in a time dependent manner. This has been the method of thrombolysis delivery out of hours for both acute hospitals and would be retained in this new model of care.

The stroke team in the Southern Trust will consist of staff that work across in-patient wards, Early Supported Discharge and Community Teams. Early Supported Discharge Teams will provide support to the hospital to facilitate early management and discharge and ensure good team working and continuity of care for patients.

Patients from the Newry and Mourne area would be able to receive ongoing rehabilitation care at Daisy Hill Hospital from day 16 under the care of the local Geriatrician with stroke expertise and a specialist stroke rehabilitation team. Patients from outside the Southern Trust would be transferred back to a hospital within their Trust of residence.

This proposal is about raising the standard of care available to stroke patients and their families. It provides opportunities for improved standards of care and the potential for improved recovery. We realise it means travelling further for some people, but we believe the benefits in quality of care and outcomes for patients are worth it.

The Trust, working with the Southern LCG, has undertaken bed modelling to determine the future numbers of acute and rehabilitation stroke beds. This analysis is based on current levels of admissions, demographic changes and benchmarked length of stays for Acute and Rehabilitation phases of Stroke Care.

Through improvements in current ways of working and further investment into community support services it has been agreed that there will be a future requirement for a unit of approximately 30 beds, providing Acute Stroke and Rehabilitation Stroke Care. However, this requirement would be kept under review as we move towards implementation taking account of the trend of admissions and the impact of the following plans:

- Improved integrated working across Acute and Community Stroke Services, and
- Enhanced community stroke services to facilitate a reduction in length of stay over time.

4.2 Why is this Best Option?

The reasons for creating a single specialist stroke unit have been set out throughout this document. The key reasons for this recommendation and why it should be located at Craigavon Area include:

- A specialist stroke unit must be in the location that provides the greatest proximity for the majority of Southern Trust patients and their families. Craigavon Area Hospital is the most geographically accessible location for the greatest proportion of the Southern Trust population.
- Our model ensures that patients will continue to get immediate diagnosis and emergency treatment at their nearest hospital i.e. at both Daisy Hill and Craigavon Hospitals
- Evidence shows that concentrating expertise in dedicated specialist centres with bigger teams of expert clinicians and professionals leads to higher quality care and better results
- Best medical practice states that MRI scanning should be available for ongoing clinical management of stroke patients for diagnostic tests. Locating the specialist unit at Craigavon Area Hospital would allow access to both CT and MRI for stroke patients, meaning that all diagnostic tests that could be required for the acute phase of care would be available on the Craigavon Area

Hospital site.

- A specialist stroke unit would ensure that appropriate medical and professional staff are available at all times. This will ensure that stroke patients get the vital specialist acute and rehabilitation care required to give them the very best chance of recovery. Although patients and families would need to travel to Craigavon Area Hospital, access to specialist stroke care in a specialised unit would mean that, on average, patients could be discharged home from hospital sooner.
- SSNAP standards indicate that stroke units need appropriate staffing levels to allow early assessment, observation and early rehabilitation input including 7 day access. The provision of a specialist Stroke unit for Acute and Rehabilitation care would allow the Trust to improve compliance with the staffing levels recommended by SSNAP. Again, having appropriate staffing levels should help patients to get home from hospital sooner.
- A single unit helps avoid duplication of resources and will enable clinicians to spend more time with patients and use scarce diagnostic and therapy resources most efficiently.
- The Trust will work to ensure that more there is enhanced and more focused community based rehabilitation to allow stroke patients to be discharged from hospital earlier and recover at home.

Further detail on the appraisal process can be accessed on request to:

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5.0 WHAT WILL BE BETTER AFTER THE CHANGE?

5.1 Benefits of Proposed Change

The Trust's proposed modernisation of Stroke Services aims to deliver the following benefits to you:

- Ensure you receive high quality medical care when you need it:

You will benefit from:

- Improved levels of Stroke Care in line with National Audit (SSNAP) recommendations – appropriate staffing levels to allow early assessment, observation and early rehabilitation input.
- Receiving the highest quality medical care in hospital (more concentrated levels of specialist medical, nursing and AHP care). This will ensure that patients get the vital specialist acute rehabilitation required to give them the very best chance of recovery.
- Being admitted to a Stroke Unit as a ward of first admission. Latest medical evidence demonstrates that where patients are treated in specialist stroke units they achieve best outcomes.

- Ensure you have access to enhanced community services:

You will benefit from:

- Better rehabilitation outcomes - a specialised service which will bring community and hospital based staff together as an integrated team providing care to Stroke patients. This will provide more focused care and continuity of service provision throughout the patient's pathway.
- Reduced length of stay in hospital - more focused community based rehabilitation to allow Stroke patients to be discharged from hospital earlier and recover at home.

5.2 Potential Implementation & Timescales

To deliver this vision the Trust will require investment to provide a dedicated, Stroke unit at Craigavon Area Hospital. A new unit could be developed and open in 2017.

Creating a Specialist Stroke Unit will mean the closure and relocation of Stroke beds on Daisy Hill, South Tyrone and Lurgan Hospital sites.

5.3 Proposals for Alternative Use

The Trust will continue to work with the Southern Local Commissioning Group to consider the best use of the beds currently used for stroke care at Daisy Hill Hospital (approximately 8 beds) including how these could support growing demand. With respect to the proposed changes to stroke rehabilitation beds at Lurgan Hospital and Loane House, South Tyrone Hospital, the Trust has also developed a consultation paper which considers the future model of all assessment and rehabilitation beds at these sites. This consultation paper can be accessed at www.southerntrust.hscni.net/consultations.

5.4 Management of Change

In order to manage and mitigate any potential differential impact on existing staff the Trust will adopt a project management approach. As part of this approach a project management group will include a human resources and trade union representative(s) so as to ensure robust, fair and agreed human resources processes are in place to manage any future staff changes. The Trust's Management of Change Framework is the main vehicle for effecting change within the Trust.

5.5 Equality Impact Assessment

An Equality Impact Assessment (EQIA) has been prepared by the Southern Health and Social Care Trust (SHSCT) to assess the impact of this proposal. This document can be accessed from the Trust's website www.southerntrust.hscni.net/consultations.

Appendix 1 - Your chance to have your say – Consultation Questions

The Trust wishes to consult as widely as possible on the proposal. Please use this consultation questionnaire to register your comments by 31st October 2014.

Section 1.0 of this document provides additional information on the Trust's communication, consultation and engagement processes and how you can be involved.

Question 1

Do you agree with the proposal to develop a specialist Stroke Unit on a single site at Craigavon Area Hospital and retain provision of thrombolysis (clot busting) treatment for appropriate patients at both Daisy Hill and Craigavon Hospitals?

Yes

No

If you do not agree, please give your reasons below:

The Commissioner recognises the modernisation of stroke services in the Southern Trust, and that the creation of a specialist acute stroke unit at Craigavon Area Hospital has the potential to improve care for those who have had a stroke. Strokes continue to be an increasing issue in Northern Ireland society, with prevalence increasing year on year, and cases increasing by over 5000 patients from 2004 to 2010.¹

Research has shown that intensive treatment and care in the period following a stroke is very important, and that creating a specialist centre with high level expertise and equipment will produce better results in this crucial period. The provision of MRI and radiological facilities in a specialist stroke unit can particularly have a positive effect on quality of treatment.² With the numbers of people over 65 suffering strokes in the Southern Trust area expected to increase by 33%, this increases the need for a specialised facility with modern equipment.³

1. Transforming Your Care: A Review of Health and Social Care in Northern Ireland.
2. Transforming Your Care: A Review of Health and Social Care in Northern Ireland.
3. Southern Health and Social Care Trust, 'Modernisation of Stroke Services in SHSCT'.

Question 2

Do you agree with the proposal to bring stroke rehabilitation beds from Loane House, South Tyrone Hospital and Lurgan Hospital together with acute care stroke beds in this specialist Stroke Unit?

Yes

No

If you do not agree, please give your reasons below:

The Commissioner has concerns that the creation of a specialist stroke unit will mean the closure and relocation of stroke rehabilitation beds at Daisy Hill, South Tyrone and Lurgan Hospital sites. The travel distances from Daisy Hill and South Tyrone Hospital are of particular concern to the Commissioner, meaning that patients, as well as visitors, will have to travel much further. The Commissioner, while recognising the limitations on resources, notes the position taken in Transforming Your Care that it is essential that “suspected stroke patients are transferred directly to an acute setting with the staff with appropriate skills and access to diagnostics.....as quickly as possible.”⁴ Planning of stroke admission centres should take consideration of facilities and also distance and time to the facility for potential patients in the Southern Trust.

The Commissioner thinks the commitment to “continue to support the prevention focus” in the Southern Trust should be maintained.⁵ Up to 40% of strokes are preventable, and a variety of measures employed alongside the creation of specialist stroke facilities are vital in reducing the incidences of strokes and to help make a healthier population in the Southern Trust possible.⁶

4. Transforming Your Care: A Review of Health and Social Care in Northern Ireland.

5. Southern Health and Social Care Trust, ‘Modernisation of Stroke Services in SHSCT’.

6. Transforming Your Care: A Review of Health and Social Care in Northern Ireland.

Any other Comments

Please include any other comments you wish to make on the proposals outlined within this document.